



**Gymnastics Unlimited
2009 Summer Adventure Camps
Registration Form**

Name _____ Birthdate _____ Age _____

Father _____ Day # _____ Cell # _____

Mother _____ Day # _____ Cell # _____

Address _____ City _____ Zip _____ Home Phone _____

Weeks Desired: If only registering for specific days in week, indicate days next to week enrolled.

Wk 1 - June 1-5 _____ Wk 5 - June 29-July3 _____ Wk 9 - July 27-31 _____

Wk 2 - June 8-12 _____ Wk 6 - July 6-10 _____ Wk 10 - Aug 3-7 _____

Wk 3 - June 15-19 _____ Wk 7 - July 13-17 _____ Wk 11 - Aug 10-14 _____

Wk 4 - June 22-26 _____ Wk 8 - July 20-24 _____

For Office Use Only	
Deposit	Check # _____
	Date _____
	Amount _____
Registration Month Due	_____

I agree that I am responsible for payment for weeks or days for which I am registered. I will ONLY be released from payment on cancellations made TWO WEEKS prior to the days for which I have registered my child..

Parent Signature _____

Registration Card must have release signed (on back) and must be accompanied by a \$50 NON REFUNDABLE DEPOSIT



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